

VZCZCXRO9584  
OO RUEHHM  
DE RUEHHI #0370/01 0920112  
ZNR UUUUU ZZH  
O 010112Z APR 08  
FM AMEMBASSY HANOI  
TO RUEAUSA/DEPT OF HHS WASHINGTON DC IMMEDIATE  
RUEHC/SECSTATE WASHDC 7507  
INFO RUEHPH/CDC ATLANTA GA PRIORITY  
RUEHHM/AMCONSUL HO CHI MINH 4517  
RUEHBK/AMEMBASSY BANGKOK 6277  
RUEHJA/AMEMBASSY JAKARTA 0698  
RUEHRO/AMEMBASSY ROME 0269  
RUEHGP/AMEMBASSY SINGAPORE 2578  
RUEHVN/AMEMBASSY VIENTIANE 4092

UNCLAS SECTION 01 OF 09 HANOI 000370

SIPDIS

SENSITIVE  
SIPDIS

FOR SECRETARY LEAVITT FROM THE AMBASSADOR  
STATE FOR EAP/MLS, EAP/EP, INR, OES/STC, OES/IHA  
STATE PASS TO USAID FOR ANE AND GH  
HHS/OSSI/DSI PASS TO OGHA (WSTIEGER/MLVALDEZ/CHICKY/  
DMILLER), NIH FIC (RGLASS) AND NIAID (AFAUCI/GHANDLEY), SAMHSA, AND  
FDA (MLUMPKIN/MPLAISIER)  
CDC FOR SBLOUNT, JGERBERDING, SREED, NCOX, KCASTRO  
USDA PASS TO APHIS, FAS, FSIS  
BANGKOK FOR CDC, APHIS, REO, USAID (OCARDUNNER/WHELDEN/  
CBOWES/MACARTHUR/MBRADY)  
BEIJING FOR HHS HEALTH ATTACHE  
PHNOM PENH FOR CDC INFLUENZA COORDINATOR  
ROME FOR FAO  
VIENTIANE FOR CDC INFLUENZA COORDINATOR

E.O. 12958: N/A

TAGS: [TBIO](#) [KPAO](#) [KFLU](#) [KHTV](#) [VM](#)  
SUBJECT: HHS SECRETARY LEAVITT: VIETNAM SCENESETTER, PART II OF III  
(HEALTH)

REF: A: Hanoi 369; B: Hanoi 177 and 07 Hanoi 2116; C: 07 Hanoi  
1862; D: Hanoi 37 and 147; E: 07 Hanoi 1841; F: 05 Hanoi 2236; G: 07  
Hanoi 2071; H: Hanoi 64; I: 07 Hanoi 2093; J: 07 Hanoi 2099; K:  
Hanoi 331; L: 05 Hanoi 2826.

**¶1.** (U) This cable is Sensitive But Unclassified. It is for official use only, not for dissemination outside USG channels or posting on the Internet.

**¶2.** (SBU) Secretary Leavitt, this cable supplements Ref A and highlights the overarching health-related challenges facing Vietnam. We are proud of our robust interagency in-country team approach to health issues, which frequently extends beyond our U.S. agencies with traditional health roles. While the President's Emergency Plan for AIDS Relief (PEPFAR) is our largest programmatic effort (which will be covered in a Part III cable), four HHS agencies also focus on other prominent health issues -- influenza, dioxin, and tuberculosis. However, the Mission team also engages in and tracks myriad other issues, including food safety, road safety, and occupational health. We work very closely with our Government of Vietnam (GVN) counterparts and have been consistently impressed with their skills and engagement. Nonetheless, at the end of the day, Vietnam lacks capacity and has yet to implement effective public health policies and service improvements necessary to ensure the health of its citizens needed to keep pace with its dizzying economic growth. The following summarizes our primary efforts.

HHS WAS ONE OF THE FIRST

**¶3.** (U) HHS cooperation with Vietnam pre-dates the re-opening of the U.S. Embassy in Hanoi in 1995 and figured prominently in early U.S.-Vietnam post-conflict relationships and collaborative efforts. Following on CDC technical visits from the mid-1980s, from the initiation of NIH clinical trials work on improved typhoid vaccines

in 1993, to the posting of the first Embassy-based HHS Health Attaché in 1998, to CDC's subsequent work on HIV/AIDS and tuberculosis, the efforts of HHS officers have directly and substantially contributed to improved U.S.-Vietnam relations and benefits. From our earliest days in Vietnam, HHS personnel have continued to focus on solutions to the politically sensitive issue of Agent Orange and its contaminant dioxin. We recently celebrated the ten-year anniversary of the signing by then-Secretary Donna Shalala of our bilateral Memoranda of Understanding (one for HHS/OS and one for HHS/CDC) with the Vietnamese Ministry of Health (MOH) that formed the basis of our close and cooperative bilateral efforts. Your signature, along with that of former Minister of Health, Dr. Nguyen Thi Trung Chien, of the July 2006 bilateral Agreement on Health and Medical Sciences Cooperation solidified and strengthened our already close public health relationship.

#### INFLUENZA INVESTMENT PAYING DIVIDENDS

---

**¶4.** (U) U.S. efforts have made a difference in Vietnam's fight to contain highly pathogenic avian influenza (HPAI) and have contributed to Vietnam's overall efforts to improve health systems capacity. We emphasize coordination -- within the U.S. Government, among international donors, and with our GVN counterparts -- as the key to building an effective response. U.S. engagement played a central role in the formation of the Vietnam Partnership for Animal and Human Health (PAHI), the coordinating body for all efforts to counter avian influenza (AI) within Vietnam. U.S. agencies, including ASPER, CDC, DOD, DOS/AIWG, DOS/MED, FDA, NIH, OS/OGHA, USDA, and USAID, target animal and human health, with the goal to integrate efforts and to encourage our Vietnamese partners to take a holistic approach to the issue. From 2005 through FY2007, the

HANOI 00000370 002 OF 009

United States has contributed over USD 23 million to counter AI in Vietnam, second only to Japan among bilateral assistance programs. Though multilateral donors provide the largest percentage of flu-related overseas direct assistance in Vietnam, U.S. technical assistance and information exchange supplement our financial contributions and help leverage similar assistance and cooperation from other donors. Our CDC Influenza Coordinator and USDA and USAID staff (including those from RDM/A in Bangkok) have formed close working relationships with the World Health Organization (WHO) (bolstered in Hanoi by a seconded CDC influenza epidemiologist) and the Food and Agriculture Organization (FAO) to promote and ensure the GVN's openness and transparency on AI, whether it be timely reporting or sample sharing.

**¶5.** (SBU) Learning from its experience with Severe Acute Respiratory Syndrome (SARS), the GVN took quick action to contain AI, and has been rewarded with a notable drop in the number and intensity of animal outbreaks and human infections. The GVN has committed roughly USD 130 million from the national budget to help fund the estimated USD 250 million national plan for 2006-2010 and GVN agencies typically cooperate closely with donors. Though internal GVN communications difficulties sometimes delay notification to the international health community, and bureaucratic friction may slow sample sharing (Ref B), our Vietnamese counterparts remain committed to the campaign. Although the rate of human cases has decreased, sporadic non-clustered cases associated with high-risk animal handling behavior and the associated very high mortality rate, highlight the ongoing risk and could serve as the starting point for a pandemic. Vietnam has moved from an emergency response phase (evident from late 2003 through the epidemic waves of 2006) into a crisis management phase. However, Vietnam now needs to develop a sustainable long-term strategy focusing on improved poultry management practices to minimize the risk of a pandemic. In addition, the status of GVN's planning for a WHO Phase 6 pandemic is unclear, particularly in non-health related areas such as maintenance of essential services. I view continued U.S. investment as a critical contribution to the road ahead.

**¶6.** (SBU) In my view, we face three primary challenges to our AI work in Vietnam. First, relative to many other major global health efforts, we know little about influenza, requiring an increasingly robust emphasis on field-based programmatic evaluation and research

to move beyond the emergency funding response phase. As part of this emphasis, USAID is about to start a study to provide evidence to GVN on how to move from mass vaccination to a more fiscally sustainable HPAI control strategy. Second, we need to better bridge the gap we sometimes face between the animal and human health sectors. Our team works closely to ensure that we share information and ideas. We are working to ensure our international and GVN partners do the same. Finally, we do not see an integrated, global public health approach to influenza. This requires us to focus on coordinating efforts among the donor community and takes away from our specific counter-AI efforts.

AGENT ORANGE, LOOKING FORWARD

---

¶7. (SBU) Over the past few years, we have begun to change the perceptions of the GVN and the people of Vietnam on Agent Orange (AO) and its contaminant dioxin, about which the GVN waged a 30-year propaganda campaign demonizing the United States. Simply put, both sides are striving to find common ground and to reduce the strain it puts on bilateral relations (ref C). While we do not believe that sound science supports GVN assertions that up to 3 million Vietnamese suffer disabilities linked to AO and dioxin, certain "hotspots" where AO was stored and loaded during the conflict have soil dioxin concentrations exceeding levels recommended by the U.S. Environmental Protection Agency and international standards. Since

HANOI 00000370 003 OF 009

2001, the USG has spent over USD 2 million to increase the capacity of Vietnam to respond to dioxin contamination and potential health issues. At the same time, the bilateral dialogue on the AO/dioxin issue has faced difficulties and setbacks in bilateral cooperation, including the cancellation in 2003 of a USD multi-million HHS project to investigate the causal association between dioxin and possible health effects.

¶8. (SBU) Since 2006, the State Department and EPA have provided USD 400,000 in technical assistance to the GVN for remediation planning and immediate interventions at the Danang airport, one of our major AO storage and handling sites during the war. The U.S.-Vietnam Joint Advisory Council (JAC), on which the HHS Health Attaché plays a leading role, brings together scientists and public health officials from both countries to discuss possible technical cooperation. Building on the November 2006 agreement between President George W. Bush and President Nguyen Minh Triet that "further joint efforts to address the environmental contamination near former dioxin storage sites would make a valuable contribution to the continued development of our bilateral relationship," we have continued to engage on this issue (ref D). Last year, Congress appropriated an additional USD 3 million in Economic Support Funds (ESF) for "dioxin mitigation and health activities," which we have begun to implement. Over the next few years, we will continue to work together with the GVN, UNDP, Ford Foundation and other partners in an increasingly multilateral effort to address the impacts of dioxin.

VIETNAMESE FOOD SAFETY AND EXPORTS TO THE UNITED STATES

---

¶9. (SBU) As you know, Vietnam exports a wide variety of agricultural products to the United States, including fish, seafood, cashews, coffee, and tea. Pending phytosanitary approval from USDA's Animal and Plant Health Inspection Service (APHIS), Vietnam plans to begin shipping various types of tropical fruit, as well. Vietnamese food safety issues directly impact Vietnamese exports to the United States, while also creating an opportunity for increased U.S.-Vietnam collaboration. When I met the new Minister of Health, Dr. Nguyen Quoc Trieu, he listed food safety as one of his top priorities, and asked for help from the U.S. FDA (ref E). We are proud to note that U.S. agricultural exports to Vietnam have grown rapidly, and include temperate fruits, meats, almonds, and a range of processed food. Our growing trade relationship depends on ensuring food safety. At the same time, lax domestic food safety regulations and enforcement have resulted in numerous outbreaks of foodborne diseases within Vietnam, leading Minister Trieu to make his request.

¶10. (SBU) To date, we have had few major food safety-related problems in our agricultural trade relationship. While FDA has occasionally detected unacceptable levels of drug residues in fish and seafood imports, it has worked well with Vietnamese officials to maintain the safety of the exports without seriously reducing volumes (ref F). To improve the competency of Vietnamese officials, FDA has held several in-country training courses and is in the process of exchanging letters with Vietnam's National Fisheries Quality and Veterinary Directorate (NAFIQAVED) to document our bilateral approach to ensuring and monitoring Vietnamese seafood exports to the United States. In response to Vietnamese requests, USDA is hosting a delegation of Vietnamese officials to provide input on Vietnam's planned food safety regulations. Repeat state-side FDA testing results from January are pending. Further bolstering our relationship, CDC helped the WHO respond to a MOH call for assistance in a recent large outbreak of cholera (possibly linked to domestically-produced shrimp paste) in northern Vietnam (ref G).

HANOI 00000370 004 OF 009

¶11. (SBU) U.S. exporters generally find Vietnamese food safety oversight to be reasonable. Vietnam recently modified shelf-life labeling requirements to come more or less into compliance with the Codex Alimentarius. Vietnam maintains a relatively open regime for imports of U.S. beef -- particularly when compared to most other Asian countries -- though these rules still remain more restrictive than World Organization for Animal Health (which maintains original French-based acronym, "OIE" for "Office International des Epizooties") bovine spongiform encephalopathy (or "mad cow disease") guidelines. We also are concerned about GVN regulations that provide zero tolerance for salmonella, but which, in fact, are not generally enforced. Finally, we continue to watch draft biotechnology regulations that would require labeling and special certification for imports of biotechnology products (ref H).

#### TUBERCULOSIS: VIETNAM'S FIGHT TO KEEP ITS GOOD REPUTATION

---

¶12. (SBU) Largely powered by a strong partnership between the Dutch and the Vietnamese National Tuberculosis Control Program (NTP), Vietnam's response to tuberculosis (TB) has been viewed as one of the best among the 22-high burden countries (defined by the WHO as those countries which comprise 80 percent of the world's TB cases). CDC has supported these efforts through robust technical assistance, operations research, epidemiology training, and public health management training since 1997, with support from USAID, and more recently with a particular focus on TB-HIV as part of our PEPFAR efforts. At the same time, while Vietnam continues to meet WHO case detection and treatment targets, its TB rate has not dropped as expected, primarily due to an increase in TB among HIV-infected men in younger cohorts. Indeed, based on not-yet-published results of a recent study, prevalence of TB in Vietnam may be 1.5 times greater than previously thought. Meanwhile, pursuant to health sector reorganization, over 50 percent of the TB physicians in the country moved to non-TB work at district hospitals in 2007, placing a tremendous training burden on the program. Strikingly, funding is not a concern; the issue is the application of existing resources, particularly in light of substantial funding from the Global Fund to Fight AIDS, Malaria and Tuberculosis (GF). In Vietnam, MOH's haphazard approach to running the GF Country Coordinating Mechanism (CCM) (covering all three diseases) makes it difficult for us to contribute to adequate stakeholder oversight. We are working to address that problem.

¶13. (SBU) Persons born in Vietnam are among the leading groups of persons diagnosed with TB disease in the United States. At this end, the U.S. Consulate in HCMC, in coordination with CDC and the International Organization on Migration, closely screens potential immigrants to minimize the numbers of official immigrants with active TB disease (contagious form), currently an alarming 0.8 percent of applicants, some with drug-resistant strains. However, despite new CDC recommendations and added screening capacity, we cannot catch every infected person, especially those who are non-contagious and asymptomatic. This puts a strain on the U.S.

public health system. Implementing a modern public health approach to national TB control in Vietnam, which lowers TB prevalence in Vietnam (including potential travelers to the United States), is the best long-term plan to reduce TB entering the United States.

U.S. SUPPORT FOR GOOD CLINICAL PRACTICE

---

**¶14.** (U) U.S. FDA has financially supported and provided technical assistance for two Good Clinical Research Practice (GCP) training workshops, conducted in cooperation with Vietnam's Department of Science and Training (MOH). GCP guides regulators, investigator groups, and sponsors in the conduct and oversight of clinical trials research. The participants include MOH regulators (a nascent

HANOI 00000370 005 OF 009

group), hospital-based physicians who conduct clinical trials, and pharmaceutical scientists who sponsor research. The initial training workshop, held in September 2006, focused on establishing the technical content of model training, while the December 2007 workshop, which included many of the same participants, used actual existing drug evaluation protocols to conduct mock inspections at three clinical trial sites. These workshops should establish a sustainable independent training program for the MOH and may guide the FDA in determining how to provide technical assistance to other partners.

ROAD SAFETY: NEW HELMET LAW A BIG WIN

---

**¶15.** (U) Vietnamese are accumulating motor vehicles more quickly per capita than any other nation in the world. Consequently, this country has seen a four-fold increase in traffic accidents over the past 10 years. Thirty-five people die and nearly 70 suffer brain trauma each day from road accidents, with at least 12,000 dead and 17,000 seriously injured in 2007 alone. Vietnam's overall traffic-related mortality rate is nearly double that of high-income countries, and traffic accidents are the largest cause of death for Vietnamese between 18 and 45 years of age. The Embassy participates in the Asian Injury Prevention Foundation (AIPF) National Helmet Wearing Campaign, which helped result in the implementation of mandatory helmet laws last December (ref I). CDC experts recently met with Vietnamese transportation officials to discuss possible technical assistance. High level U.S. officials, including Commerce Secretary Gutierrez last fall, have helped me promote road safety

SIPDIS  
during visits here.

PERSISTENT DENGUE FEVER AGAIN CYCLING UPWARDS

---

**¶16.** (U) From 1994-2003, dengue fever and dengue hemorrhagic fever (DF/DHF) ranked among the communicable diseases with the highest mortality and morbidity in Vietnam. Though dengue mortality and morbidity rates remain below the levels from the 1980s, Vietnam's 90,749 cases of dengue in 2007 more than doubled its average number of cases per year over the last eight years. Therefore, Vietnam considers dengue control a high public health priority, especially in the high-risk southern provinces (ref J). Because a dengue vaccine is at least 10 years away, treatment centers on supportive care. In a large dengue outbreak, thousands of infected persons spread over a large area can overload hospitals and impact socio-economical stability. To prevent such an outbreak, in FY07, USAID provided USD 100,000 in assistance to strengthen dengue diagnosis (clinical and laboratory), improve case management at provincial and district levels, pilot a school-based vector control model, and enhance GVN technical and managerial capacity to contain outbreaks.

MALARIA: SUSTAINED EFFORT NEEDED TO FINISH THE JOB

---

**¶17.** (U) Between 1994 and 2004, the use of insecticide treated nets, strategic indoor residual spraying, community use of rapid diagnostic tests, and the use of artemisinin derivatives for

antimalarial treatment resulted in dramatic decreases in the rate of malaria - from 140,000 cases (with 600 deaths) to fewer than 25,000 cases (with 34 deaths). However, these remarkable successes face serious threats from the possible introduction of counterfeit and substandard antimalarials, together with the potential for the emergence of drug resistance, especially to the artemisinin combination therapies. To meet these emerging challenges, USAID and its partner, the WHO, support GVN participation in a regional network of sentinel surveillance sites, which supplements heavy GF support for the program. Through this process, the Vietnam National

HANOI 00000370 006 OF 009

Malaria Control Program will receive data to ensure that its first line drugs remain efficacious. In addition, USAID helps ensure the quality of antimalarial drugs through a nationwide sampling of antimalarial drugs, which provides data to the drug regulatory authorities to take action against substandard or counterfeit medicines.

OTHER CDC ACTIVITY RUNS THE GAMUT

-----

**¶18. (U)** Over the past several years, CDC assistance has taken many forms, including responding to GVN requests for assistance in outbreak investigations, notably cholera and SARS. To build stronger public health capacity, CDC provides training opportunities at CDC, while helping the WHO to design and implement a Field Epidemiology Training Program, modeled after CDC's Epidemic Intelligence Service. In 1996, CDC's Sustainable Management Development Program (SMDP) began working with the Vietnam MOH, and the Hanoi School of Public Health (which we hope you will visit during your stay in Hanoi) to strengthen leadership and management capacity. As Vietnam modernizes and the economy grows, the negative health impacts of smoking, pollution, and motor vehicle safety are becoming apparent. CDC supports GVN efforts to counter these emerging issues through programs such as a new anti-smoking initiative funded by the Bloomberg Foundation, and implemented through the CDC Foundation, which will be led by WHO in Vietnam. Finally, CDC provides technical assistance to and has research projects with the GVN on several other health issues, including viral encephalitis, vaccine-preventable diseases (i.e., rubella), injection safety, and immigrant and refugee health screening.

NIH IS EVERYWHERE (IF YOU LOOK) AND VERY BUSY

-----

**¶19. (U)** Over the past five years, NIH has supported literally hundreds of projects in all of the areas mentioned in this cable. For example, the National Institute for Allergy and Infectious Disease (NIAID) funded the Southeast Asia (SEA) Influenza Clinical Research Network - Oxford University Clinical Research Unit in HCMC to establish an Emerging Infectious Diseases Clinical Research Network for Southeast Asia. Additionally, over the past year, NIAID has partnered with the World Bank, AFRIMS, and the Molecular Immunology Division at National Institute for Hygiene and Epidemiology (NIHE/MOH) to develop a proposal for a national seroprevalence survey to examine socioeconomic risk factors for infection with AI. For over 15 years, scientists at NIH's National Institute of Child Health and Human Development (NICHD) have teamed with Vietnamese counterparts to make ground-breaking progress towards developing an effective vaccine against typhoid in children. These projects do not simply benefit Vietnam, but have the potential for worldwide applicability.

A STRONG, BUT VULNERABLE, IMMUNIZATION PROGRAM

-----

**¶20. (U)** Vietnam's MOH has a strong history of producing quality vaccines and runs one of the best immunization programs among developing nations (under WHO's Expanded Program in Immunization -- EPI -- started in 1985), which have contributed to major advances in longevity and overall health. Polio was eliminated in 2000; tetanus, in 2005. Bill and Melinda Gates visited Vietnam not to examine how they could help, but rather to determine if Vietnam's success in immunizations programs could yield lessons which could be applied in Africa. However, overall immunization rates for the six

EPI vaccines (i.e., against tuberculosis, diphtheria, pertussis, tetanus, measles, and polio) dropped from 96 percent in 2006 to 81 percent in 2007, due to consumer reaction to initial (incorrect) Vietnamese media reports that 11 children died from adverse effects

HANOI 00000370 007 OF 009

from Hepatitis B-vaccine. Though the MOH responded promptly and openly, seeking assistance from international experts and informing concerned parents that the deaths did not stem from the immunizations, some worried parents seemingly have decided to avoid immunizing their children.

#### ADOPTIONS PROBLEMS LEAD TO HEALTH CONCERNS

---

¶21. (SBU) Increasing levels of fraud in international adoptions may be impacting the health of Vietnamese orphans. Increasing demand for Vietnamese babies following the resumption of the U.S. adoption program in 2005 has led to dramatic growth in the number of babies in Vietnamese orphanages, straining their ability to care for their young charges. In February of this year we learned of the deaths of eight infants at an orphanage in Hanoi from pneumonia, three of whom were slated to be referred to American adoptive parents (ref K). The orphanage where the children became ill had taken in over 30 abandoned children in less than a year, most of which were abandoned under highly suspicious circumstances. Lacking physical or material upgrades, these overcrowded facilities create environments where disease can spread rapidly. We hope that our aggressive efforts to combat fraud and corruption in the adoptions process will help prevent future such tragedies.

#### DEPARTMENT OF DEFENSE HEALTH PROMOTION ACTIVITIES

---

¶22. (U) In addition to programs carried out under the auspices of PEPFAR, DoD also coordinates a number of other programs that make a direct contribution to Vietnamese health. Through U.S. Defense Attaché Office (DAO) in Hanoi, U.S. Pacific Command (USPACOM) has sponsored Vietnamese participation in a number of important regional medical conferences, including the annual Asia Pacific Military Medical Conference (APMMC). Vietnam hosted the APMMC 15 in May 2005. USPACOM has coordinated two prior annual Nursing Subject Matter Expert Exchanges (SMEEs) with military nurses from Vietnam, and a third is planned for this fall. An important objective of these SMEEs has been the development of nursing curricula and improved training standards. DAO also helps facilitate the participation by Vietnam's military medical professionals in HIV/AIDS Counseling & Testing Training Workshops and Medical Readiness Exercises (MEDRETE) held throughout the region (apart from PEPFAR). DoD has built nine district-level health clinics throughout Thua Thien-Hue and Lai Chau Provinces. Through the Expanded International Military Education and Training program, Vietnam this year is welcoming a U.S. military mobile training team to educate and train Vietnamese medical surgeons on the newest surgical trauma response techniques. Finally, last year, with U.S. PHS participation, the USS Peleliu hosted a medical mission to Danang; this year, we expect the USN Mercy.

#### USAID NON-HEALTH FUNDS CONTRIBUTE TO HEALTH IN VIETNAM

---

¶23. (U) Our broad-based efforts to help Vietnam transform its economy, which I highlighted in Part 1 (ref A), have brought some tangible benefits in the health sector. As one example, USAID support contributed to the development of the Law on Enterprises. Designed principally for the commercial sector, the law has helped to accelerate equitization (privatization) of state-owned hospitals, resulting in increasing numbers of privately operated for-profit health service providers. This encourages greater competitiveness and improves access to quality health services.

#### CONCLUSION: TRANSITION UNDERWAY, PROGNOSIS UNKNOWN

---

HANOI 00000370 008 OF 009

¶124. (U) Mirroring changes in the economic sector, Vietnam is undergoing a marked switch from a vertically-oriented health care system, typical of a developing country, to a market-oriented health care system. This has produced a visible strain on fundamental public health performance. In the last 25 years, the health care system has handled infectious diseases of public health significance well. In conjunction with a substantial reduction in poverty, Vietnam can claim many other public health successes, including increased longevity and the elimination of polio. Nevertheless, even as Vietnam prepares to enter the ranks of middle income nations, it continues to face many basic health systems challenges, ranging from continued hospital overcrowding to a mounting burden of chronic diseases, while trying to manage societal and behavioral changes among its population as its economy continues to develop.

¶125. (SBU) As I described in the Part I cable (ref A), Vietnam looks to the United States for technical advice on a range of subjects. This has been true in health even before our current Embassy opened its doors. In 2005, when you met with former Prime Minister Phan Van Khai, his response to concerns from his Health Minister that Vietnam spent too much on infrastructure and too little on health care was telling. As you recall, he asked the United States to work with him to "build a U.S.-run hospital in Vietnam" (quoted from ref L). Although Vietnam needs new hospitals (and we spend a lot of time facilitating conversations with American companies and NGOs in this regard), this sentiment misses the mark with regard to what Vietnam needs to do. It is relatively easy to replicate individual elements of the U.S. health care system. However, Vietnam needs to take a systemic approach to health care, which requires a different form of technical assistance, the ability to understand the strengths and weaknesses of the U.S. system, and the vision to adapt solutions to uniquely Vietnamese circumstances.

¶126. (SBU) To best assist the GVN, international technical agencies need to help its officials refine their overall approach to public health. The Health Partnership Group (HPG), a quarterly meeting hosted by the MOH, provides a forum for information exchange among international donors and Vietnamese technical agencies. Over the last two years, certain donors have begun to focus on the HPG as a possible policy coordination entity for public health. We have become intimately involved with the HPG, which we believe may represent a nascent approach to tackling underlying policy issues, central to both our cooperative health programs and to Vietnam health sector reform. HPG may not be a perfect venue, due to funding limitations, intra-GVN turf issues, and the inevitable jockeying for position among international donors. Nevertheless, Vietnam needs an overall public health vision and the HPG appears to be the best starting place.

¶127. (SBU) The MOH has begun to tackle health care reform issues, emphasizing re-organization, privatization of the health sector, increased hospital capacity, better clinical training, and an emphasis on high technology. However, progress remains slow and unsteady. Indeed, Vietnam needs to consolidate and protect previous public health gains, while looking for additional improvements. For every success, such as mandatory helmet laws or increased pandemic influenza preparedness, Vietnam faces many issues without easy or quick solutions. U.S. assistance, largely focused on targeted, disease-specific programs, has provided tangible benefits to the people of Vietnam. We need to continue these collaborative efforts, while assisting Vietnam to create a public health system responsive to the needs of its populace.

¶128. (SBU) Once again, thank you for returning to Vietnam. I am immensely proud of the health team here and their important work. Your visit will be instrumental in defining where Vietnam is now, where it is going, and how we might help advance the health agenda here. Aiding Vietnam in tackling its key challenges is clearly in

HANOI 00000370 009 OF 009

our national interest.

MICHALAK